



## INDIANA HEALTH COVERAGE PROGRAMS

# Targeted Probe and Educate Common Questions and Answers

### What is Targeted Probe and Educate?

Targeted Probe and Educate (TPE) is a claim and medical record review program that uses a holistic approach to provider auditing, which includes targeted review and one-on-one education.

### Why is Program Integrity adding this new TPE claim and record review program?

The TPE program was originally designed by the Centers for Medicare & Medicaid Services (CMS) to reduce costs related to improper payments and appeals, thereby reducing provider burden through one-on-one education. The Office of Medicaid Policy and Planning (OMPP) modeled the Program Integrity TPE program after the CMS TPE program.

### How are providers selected for TPE?

Program Integrity will identify providers through a number of different avenues that pose the greatest financial risk to Medicaid – those who have a high error rate and those who have billing practices that vary from their peers.

### How will a provider know if they have been selected for TPE review?

The TPE team will notify providers that have been selected for review with an initial notification letter, which will include the topic being reviewed, the reasons for selection and the process of review.

### Why are the TPE probe sample sizes generally set at 20–40 claims?

The 20–40 claim sample size is intended to allow the auditors to review enough claims to be representative of how accurately providers have the necessary supporting documentation to meet Medicaid rules and requirements, while not being overly burdensome.

### What happens if there are errors in the claims reviewed?

At the conclusion of each round of the 20–40 claims review, providers will be sent a letter detailing the results of the reviews that will include any educational information needed. Program Integrity will also educate providers throughout the TPE review process, when easily resolved errors are identified, helping the provider to avoid additional similar errors later in the process.

### What is the claim error rate (CER) and how is the CER determined?

The *claim error rate* is the total amount of claim lines found in error as determined by the medical review (audit) and is divided by the amount of claim lines originally submitted for the services under review. This is the error rate that is used to determine provider success for each round. The CER must be 15% or lower.

### What is the payment error rate (PER) and how is the PER determined?

The *payment error rate* is provided for informational purposes only and is figured by taking the total amount of claims billed in error and dividing it by the total amount of claims billed that have been received and reviewed. It shows the provider how much is at risk for billing errors.

### What error percentage is considered a “high denial rate”?

A high denial rate is anything over a 15% accuracy rate.

### Can claims reviewed as part of the TPE process be appealed?

TPE review of claims is not a sanction and is not subject to appeal.

### Can a provider be included in multiple TPE probes at the same time?

No. The provider will not be included in multiple TPE probes at the same time.

### When a provider is moved to an additional round of TPE review, when should the provider expect the additional reviews to start?

Providers will be given a 45-day period to make changes and improve with the education provided.

### How do providers prepare documentation for submission?

Please see [Tips for Complying With Medical Record Documentation Requests](#), which will be provided with your initial letter.

### Does the TPE program apply to claims submitted to managed care entities?

No, the TPE program does not apply to claims submitted to managed care entities (MCEs). The TPE program applies only to fee-for-service (FFS) claims.

### To what address will my additional documentation request (ADR) letters and medical review (MR) correspondence be sent?

All correspondence will go to the "Mail to" address on file with IHCP Provider Enrollment. Please make sure your address is up to date.

### How do I submit my medical record documentation?

The TPE team accepts medical records via:

- **HIPAA Secure Email**

- **MUST** be sent via **secure** email.
- Place TPE and the case number in the subject line.
- All documents must be legible, including photocopies and printouts.
- Send secure email to:  
[ProgramIntegrity.FSSA@fssa.IN.gov](mailto:ProgramIntegrity.FSSA@fssa.IN.gov)

- **HIPAA Secure Fax**

- **MUST** be sent via **secure** fax.
- Use a cover sheet for each record submission.
- Place TPE and the case number on the cover sheet.
- All documents must be legible, including photocopies and printouts.
- Send secure fax to:  
**317-234-7343**

- **Certified Mail**

- Use a cover sheet for each record submission.
- Place TPE and the case number on the cover sheet.
- All documents must be legible, including photocopies and printouts.
- If you choose to send the documentation on USB flash drive/CD/DVD, the file(s) **must** be encrypted. Please submit the password via email to [ProgramIntegrity.FSSA@fssa.IN.gov](mailto:ProgramIntegrity.FSSA@fssa.IN.gov) and include the case number in the subject line. *Please note that USB flash drives cannot be returned to providers.*
- Mail requested documentation to:  
**MS07**  
**Program Integrity**  
**Office of Medicaid Policy and Planning**  
**Indiana Family and Social Services Administration**  
**402 W. Washington St., Room W374**  
**Indianapolis, IN 46204**

Please also see [Targeted Probe and Educate \(TPE\) Instructions for Submitting Requested Documentation](#) that will be provided with your initial letter.

### **Does nonresponse count as an error?**

Yes, if the provider fails to respond or participate in the TPE process, this nonresponse will count as an error and the provider could be referred for the following actions:

- Audit
- Prepayment review
- Administrative sanctions

### **What if my accuracy still does not improve?**

This should not be a concern for most providers. The majority of providers that have participated in the CMS TPE process increased the accuracy of their claims. However, for any problems that fail to improve after three rounds of education sessions, the provider could be referred for the following actions:

- Audit
- Prepayment review
- Administrative sanctions